



Tennessee Department of Mental Health  
Office of Crisis Services  
11th Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37243

Request for additional 24 hours of treatment at a Crisis Stabilization Unit  
DO NOT SEND IDENTIFYING INFORMATION ON THIS FORM

Date of request:

Initials of patient or patient ID#:

Date of admission:

Time of admission:

AM ☐ PM ☐

Requesting CSU:

☐ Nashville: Mental Health Cooperative

☐ Knoxville: Helen Ross McNabb

☐ Cookeville: Volunteer

☐ Jackson: Pathways, Inc.

☐ Chattanooga: Volunteer

☐ Memphis: Southeast

☐ Johnson City: Frontier

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Requesting physician/advance practice nurse:

Phone number:

E-mail:

Reason for Admission:

Diagnosis:

We are requesting an additional 24 hours of treatment because of the following reasons:

TREATMENT: Please indicate course of treatment, reason for continued need for treatment at the CSU and anticipated date of discharge:

DISPOSITION: Please indicate placement options sought, obstacles to placement, plans to secure placement and anticipated date of discharge:

Please forward this information to TDMH, Director of Crisis Services, Melissa Sparks, at least 12 hours prior to needing the extra hours of care. All requests should be sent via email to the address below. Please note that approval of this waiver does not guarantee payment. Payment will be determined based upon each agency's contract budget, terms and conditions. Finally, any stay beyond 96 hours must be communicated to TDMH's Office of Licensure.

[Melissa.Sparks@tn.gov](mailto:Melissa.Sparks@tn.gov)

Office: 615-253-4641

MH-5475

RDA 2305